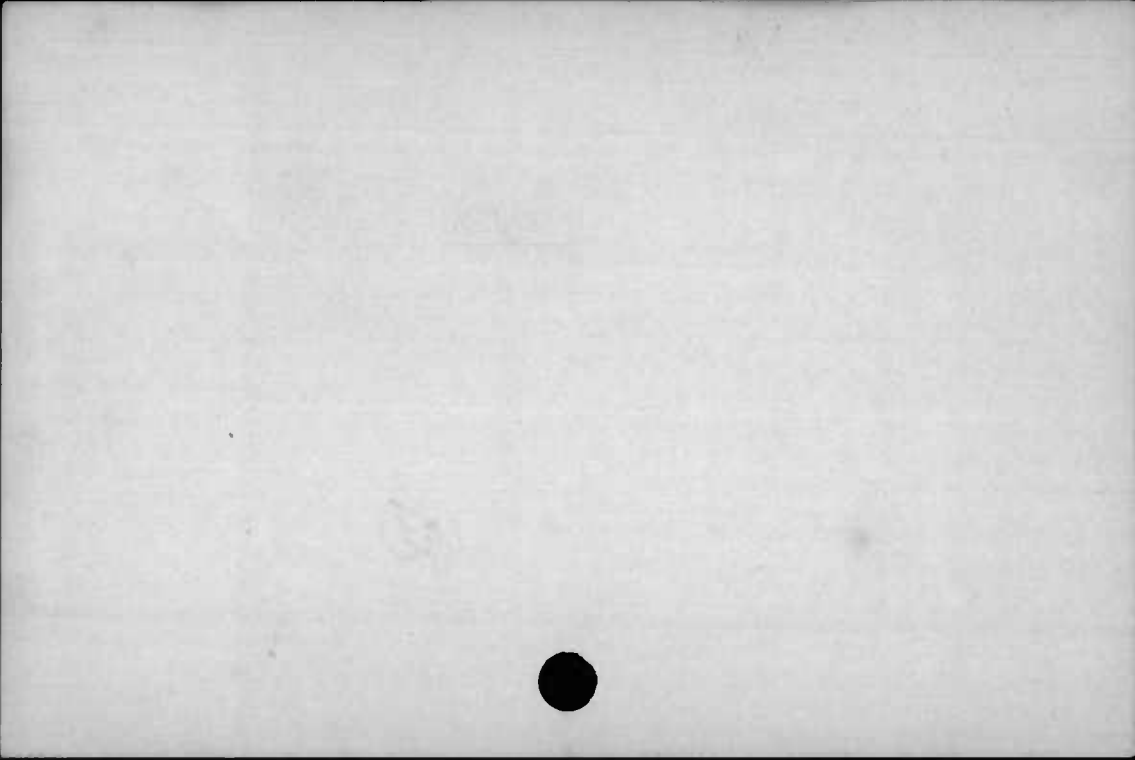


Name in Full		Town				County		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Pound		Harrison		MARYLAND						
		Date of death		1904	Month	March	Day	8	Age	38	Years	Months	Days	
		Sex		Male		Color or Race		Negro		Birth-place			Ind.	
		Occupation				Laborer				Where Residing if not at place of death				
		Married, Single or Widowed		Single		Name of Wife or Husband		Emma Aiken						
		Father's Name				—				Father's Birthplace				
		Mother's Maiden Name				—				Mother's Birthplace				
		Name of person giving information				T H Snodden				How related to deceased				None
CAUSES OF DEATH														
PHYSICIAN OR CORONER		Primary		Consumption				How long				Six months		
		Immediate		—				How long				—		
		Are the name, age, sex, color, date and place correctly given above?				Yes.				Signature of Physician				Dr F H Arthur
										Address				Street Ind.
		Accident or Suicide?												



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Agnes Allen*

Died at *Strin-*

Town

County

Ward

MARYLAND

Date of death *1905-March*

Month

Day

21 Age

Years

Months

2

Days

Sex *Female*

Color or Race

White

Birth-place

Strin-

Occupation

—

Where Residing if not at place of death

Married, Single or Widowed

—

Name of Wife or Husband

—

Father's Name

Nelson Allen

Father's Birthplace

Mill Creek

Mother's Maiden Name

Betta S. Jones

Mother's Birthplace

Highland

Name of person giving information

Willie Barkin

How related to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

How long

One week

Immediate

" "

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

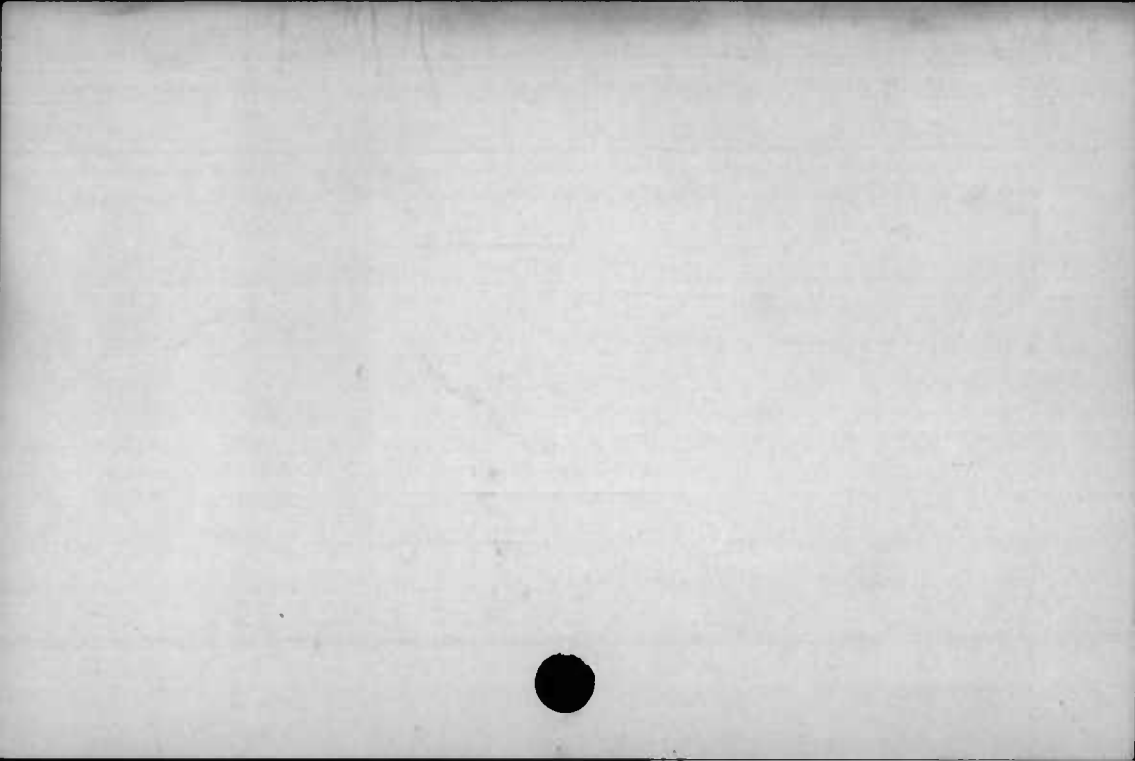
Signature of Physician

D. H. E. Arthur

Address

Strin - Md

Accident or Suicide?



Charlotte Ann Baxter

Town

County

Died at

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1905	3	5	82	-	-	Harford	Housewife
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	1

Husband of Mrs Baxter

Wife

Father's

Name

Mother's

Maiden Name

Charlotte Hall

Cause of	Primary	How long sick
Death	Paralysis	2 weeks
	Immediate	Accident, Suicide, Homicide

Reported by

Dr Chas. B. Hayward

Address

Pylesville

Harford Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

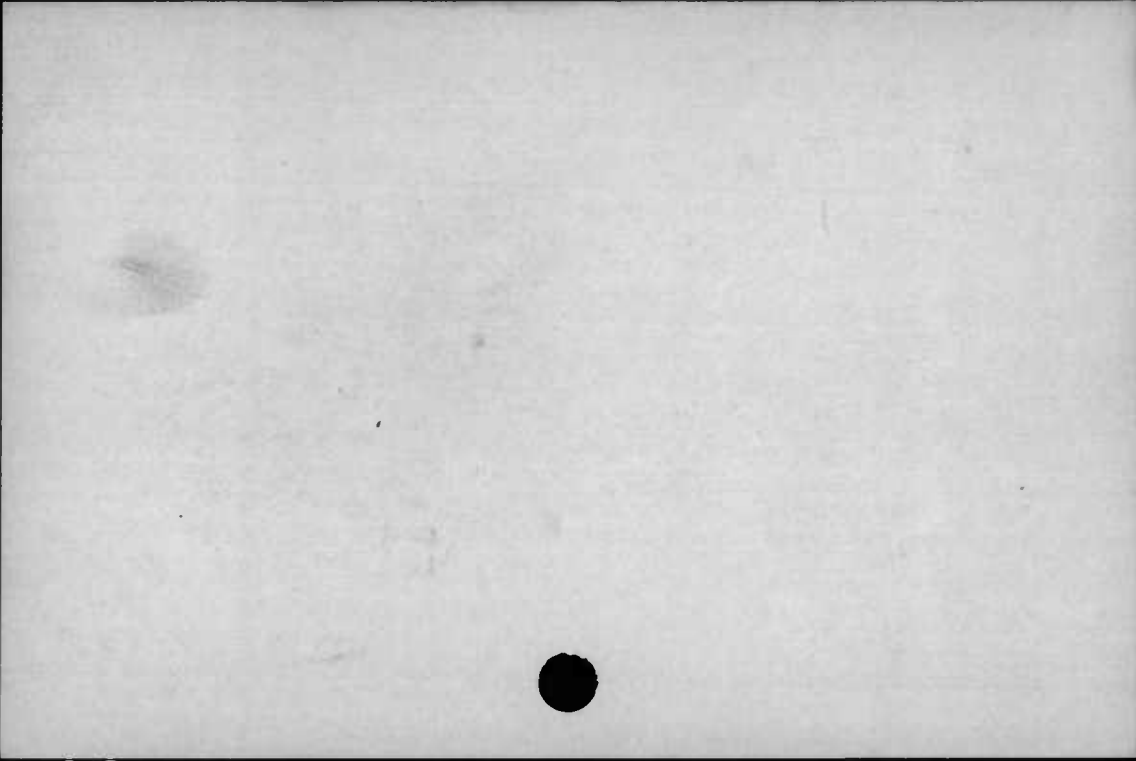
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Boal</u> Town <u>Harford</u> County		MARYLAND				
Date of death <u>1905</u>	Month <u>March</u>	Day <u>4</u>	Age <u>23</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>MD</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>D.O. Bell</u>					
Father's Name <u>Tom Thomas</u>	Father's Birthplace <u>MD</u>					
Mother's Maiden Name <u>Emma E Worley</u>	Mother's Birthplace <u>MD</u>					
Name of person giving information <u>D.O. Bell</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>8 months</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>F.H. Arthur</u>
	Address <u>Street MD</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

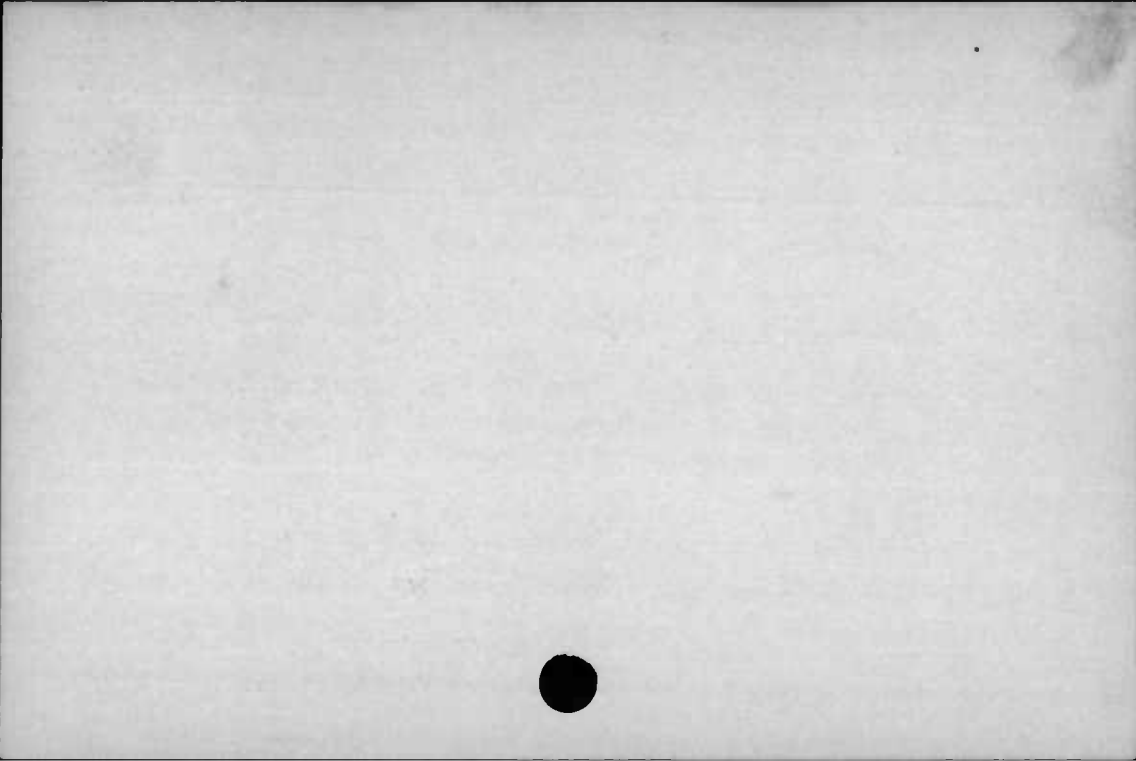
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full George S. Burkis		Town Starford		County Starford		State MARYLAND	
Died at Street		Month March		Day 29		Year 1905	
Date of death 1905 March 29		Age 38		Months		Days	
Sex Male		Color or Race American		Birth-place Dublin, Md.			
Occupation Farmer		Where Residing if not at place of death Street, Md.					
Married, Single or Widowed Married		Name of Wife or Husband Anna Burkis					
Father's Name Joseph Burkis		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information Anna Burkis		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate Pulmonary Tuberculosis		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. H. Elias	
		Address Castleton, Md.	
Accident or Suicide?			



Name
in
Full

Mary C. Clayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Milva* ^{Town} *MD* ^{County} *Harford*

MARYLAND

Date of death 190 *5* ^{Month} *June* ^{Day} *5* - ^{Years} *77* ^{Months} *3* ^{Days} *-*Sex *Female* Color or Race *White* Birth-place *Maryland*Married, Single or Widowed *Widowed* Occupation *house -*

Name of Wife or Husband

Father's Name *Benj. Lukens*Father's Birthplace *Harford Co. Md*Mother's Maiden Name *Hanna Corker*Mother's Birthplace *York Co. Pa*Name of person giving information *Mrs. G. Archer*How related to deceased *daughter*

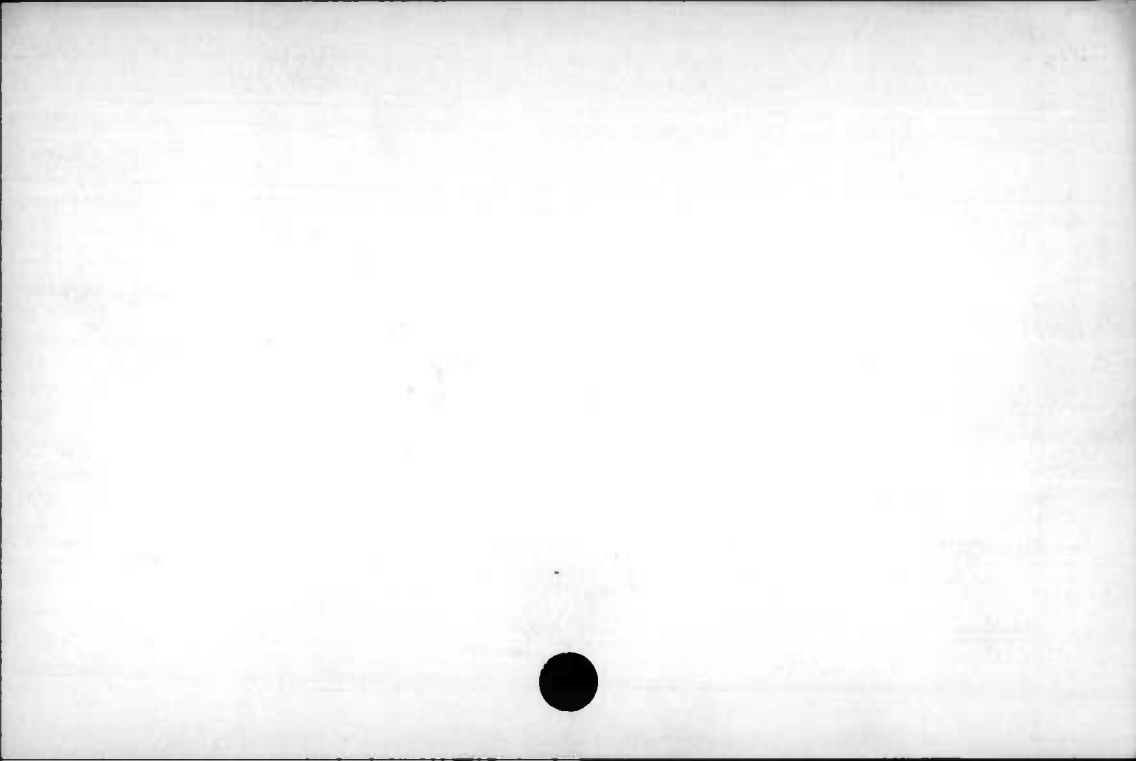
CAUSES OF DEATH

Primary *Senile debility*How long *-*Immediate *Pneumonia*How long *3 days*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Edw. H. Richardson
*Bell Air, Md*Accident or Suicide? *-*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Cochran*

Died at *Abingdon* Town *Stafford* County

State *MARYLAND*

Date of death 190*5* Month *March* Day *1st* Age *70* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Married, Single or Widowed *Single* Occupation *Farmer*

Name of Wife or Husband *—*

Father's Name *Isaac* Father's Birthplace *Maryland*

Mother's Maiden Name *Rachel Osborne* Mother's Birthplace *Maryland*

Name of person giving information *W. R. Cunningham* How related to deceased *2nd Cousin*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Congestion Lungs & spleen* How long *Indefinite*

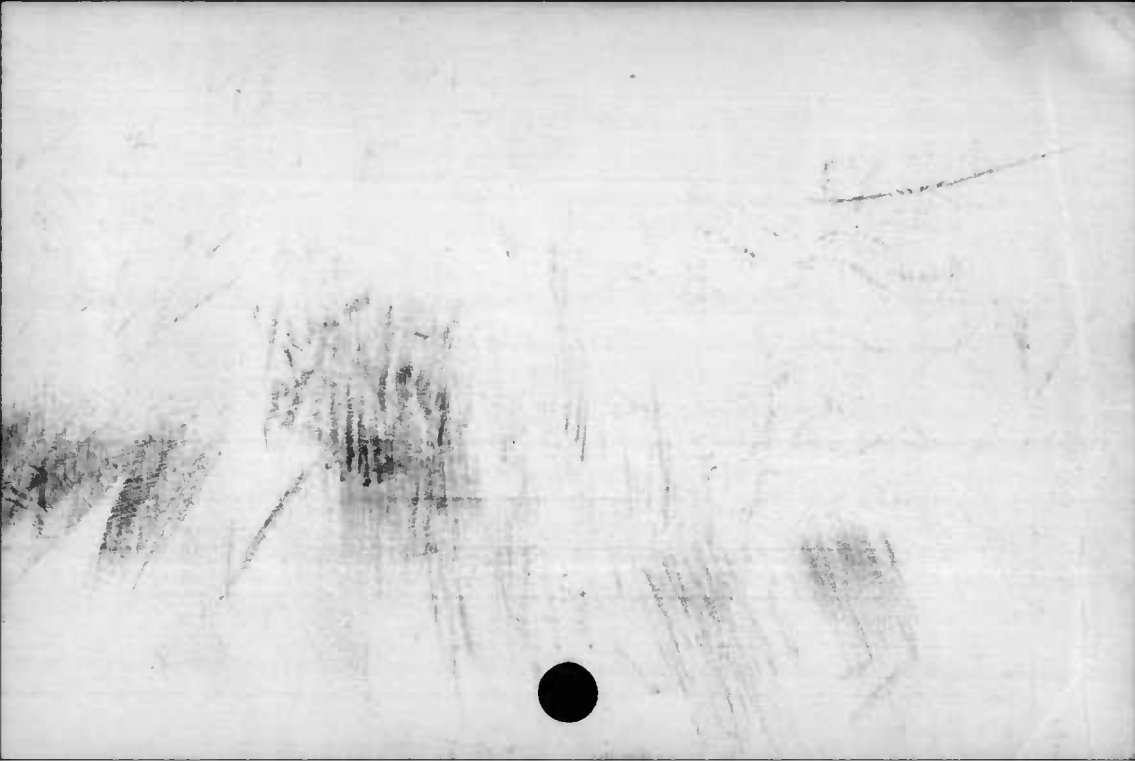
Immediate *Exhaustion* How long *2 wks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C. H. Hallingsworth*

Address *Bul Air 2nd*

Accident or Suicide? *No*



Name
in
Full

Eva Caruthers Coen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Haven</i> ^{Town}		<i>Grace</i> ^{County}		State <i>Maryland</i>	
Date of death <i>1906</i>	Month <i>Mar.</i>	Day <i>12</i>	Age <i>1</i>	Months <i>9</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hayford Co.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Coen</i>			Father's Birthplace <i>Hayford Co</i>		
Mother's Maiden Name <i>Carrie Cole</i>			Mother's Birthplace <i>Hayford Co.</i>		
Name of person giving information <i>John Coen</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

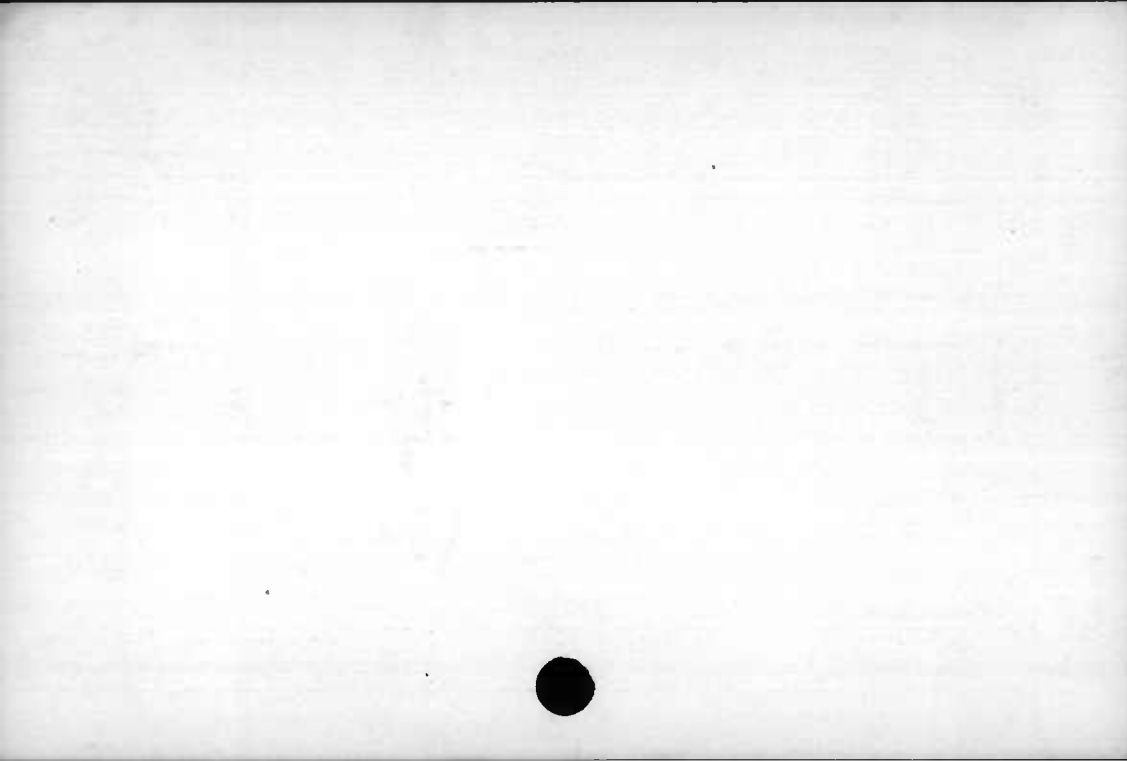
Primary <i>Stomach Trouble,</i>	<i>104</i>	How long <i>3 days.</i>
Immediate <i>—</i>		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of *Physician*

Address

Accident or Suicide? *—*



Name
in
Full

Susanna Elizabeth Coen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hoopmans chapel</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>19</i>	Age <i>67</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Hoopmans chapel</i>	
Occupation			Where Residing if not at place of death <i>Hoopmans chapel</i>		
Married, Single <i>Widowed</i>		Name of Wife or Husband <i>Susanna Coen</i>			
Father's Name <i>Levin Mitchell</i>			Father's Birthplace <i>Bavaria</i>		
Mother's Maiden Name <i>Christina Gilbert</i>			Mother's Birthplace <i>Bavaria</i>		
Name of person giving information <i>Leo Coen</i>			How related to deceased <i>Son</i>		

(79)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>2 yrs</i>
Immediate <i>General weakness</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Smith</i>
	Address <i>Waverly Hall</i>
Accident or Suicide?	<i>Me</i>

Dr Kneut
abersdeen
md.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Tel Air* ^{Town} *Harford* ^{County}
 Date of death 190 *5* ^{Month} *March* ^{Day} *18* ^{Years} *84* ^{Months} *0* ^{Days} *0*
 Sex *Male* Color or Race *White* Birth-place *Md*
 Married, Single & Widowed *Married* Occupation *Carpenter*
 Name of Wife or Husband *Catharine Leeder*
 Father's Name *Wm Leeder* Father's Birthplace *Pa*
 Mother's Maiden Name *Sophia Curry* Mother's Birthplace *Md*
 Name of person giving information *May E Ernst* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Fatty degeneration of heart* How long *4 or 5 years*
 Immediate *Angina Pectoris* How long *8 hours -*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. F. Vant Bibber

Address

Tel Air

Accident or Suicide?

No.

Mount Zion

Name
in
Full

CERTIFICATE OF DEATH

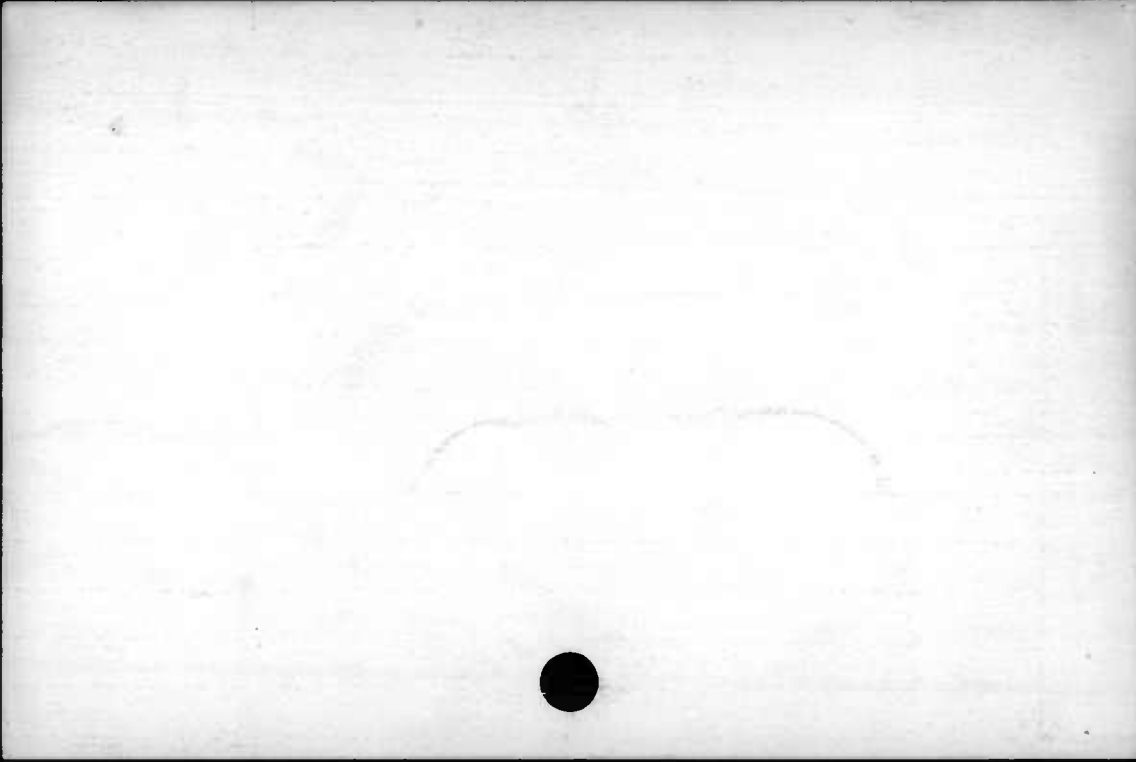
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barre de Grace</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>16</i>	Age <i>61</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Eastern Shore Md</i>				
Occupation <i>Labor</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Skinner</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Mary Coleman</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Melancholia</i>	How long <i>About 2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. W. Smith</i>
	Address <i>Barre de Grace</i>
Accident or Suicide?	<i>no</i>



Name in Full

Certificate of Death

Martha Garretson Cook
 Town Glenville County Harford MARYLAND

Died at Glenville

Date 19 03 Month Mar. Day 6 Y. 84 M. 4 D. 4 Native of Penn^a Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Seven

Husband of Joel Cook.
 Wife of Isaac Pearson. 154
 Father's Name Isaac Pearson. Mother's Maiden Name Mary Wierman.

Cause of Death { Primary Gradual failure of the vital powers, incident to advanced age,
 Immediate

How long sick 43 days.
 Accident, Suicide, Homicide

Reported by W. J. Gorsuch M.D.
 Address Churchville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Larrah Cullum

Town

County

Died at

Churchville

Harford

MARYLAND

Date ¹⁹⁰⁵⁻ 189 ^{Month} March ^{Day} 26 ^{Y.} ^{M.} ^{D.} ^{Age} 18 ^{Native of} Harford ^{Occupation}
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of

Wife

Father's

Name

John P. Cullum

Mother's

Name

Alice Cullum

Cause of

Primary

Death

Immediate

Epilepsy

169

How long sick

Accident, Suicide, Homicide

Reported by

Thos. H. Roberts

Address

Churchville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Julia A Farwood

Died at

Forest Hill

Town

County

MARYLAND

Date

of death 190

Month

March

Day

9

Years

Age

62

Months

6

Days

9

Sex

Female

Color or
Race

White

Birth-
placeAllibon 6thMarried, Single
or Widowed

Married

Occupation

House Wife

Name of Wife or
Husband

Parker L Farwood

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information

Mrs Farwood

How related
to deceased

Son

CAUSES OF DEATH

Primary

Angina Pectoris

How long

2 weeks

Immediate

Cerebral Hemorrhage

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

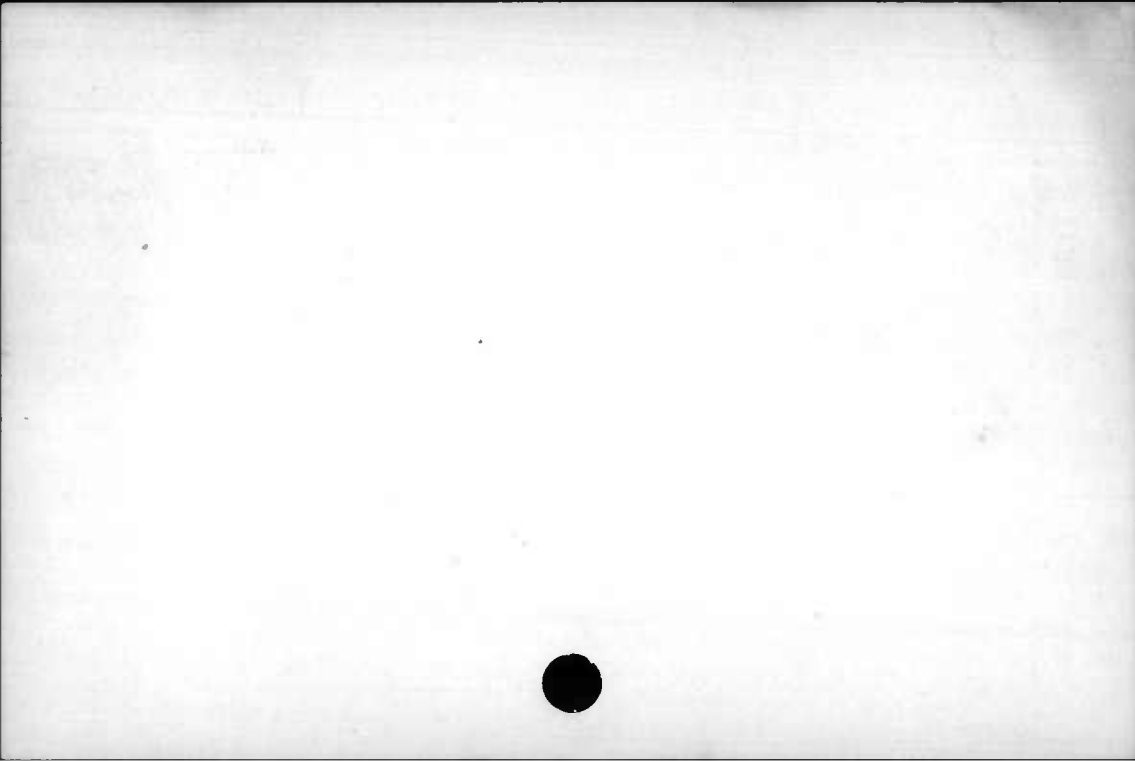
B. W. Famous

Address

Sheep and

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gibson</i> Town		<i>Harford</i> County		MARYLAND	
Date of death 190 <i>0</i>	Month <i>March</i>	Day <i>3</i>	Age <i>60</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>widow</i>	Occupation <i>—</i>				
Name of Wife or Husband <i>John Foy</i>					
Father's Name <i>Richd Singleton</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary New</i>			Mother's Birthplace <i>Harford Co</i>		
Name of person giving information <i>Charles Singleton</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Syphilis</i>	How long <i>1 year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Lee Hughes</i>
	Address <i>Gibson, Md</i>
Accident or Suicide?	

Photo Bureau

Mohe 6-05-

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Chee R. Glackin

CERTIFICATE OF DEATH

Died at <u>Whiteford</u> ^{Town}		<u>Harford.</u> ^{County}		MARYLAND	
Date of death	190 <u>6</u>	Month <u>3</u>	Day <u>27</u>	Age <u>59</u> ^{Years}	Months <u>10</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Pa</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Ind.</u>				
Married, <u>Single</u> or Widowed	Name of Wife or Husband <u>Carrie R. Glackin</u>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Carrie R. Glackin</u>			How related to deceased <u>wife</u>		

CAUSES OF DEATH

Primary <u>La Grippe</u>	How long <u>4 days</u>
Immediate <u>spoplexy</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. H. Curd</u>

Address W. 22nd

St Marys. R.C.

Mar 3.04/05

John Lewis Glenn

Town

County

Died at

Clermont Mills Harford

MARYLAND

Date

1905

Month

3

Day

1

Y.

M.

D.

Age 84

Native of

Harford

Occupation

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living none

Husband

of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

Mother's

Name

How long sick

Accident Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death 190		5	Month	25	Day	Age	68
Sex		Male	Color or Race	White	Birth-place	Germany	Months
Married, Single or Widowed		Widower		Occupation		Farmer	
Name of Wife or Husband		Emma Louise Barrows					
Father's Name		William Luther				Father's Birthplace	
Mother's Maiden Name		Dorothea Fredenke				Mother's Birthplace	
Name of person giving information						How related to deceased	

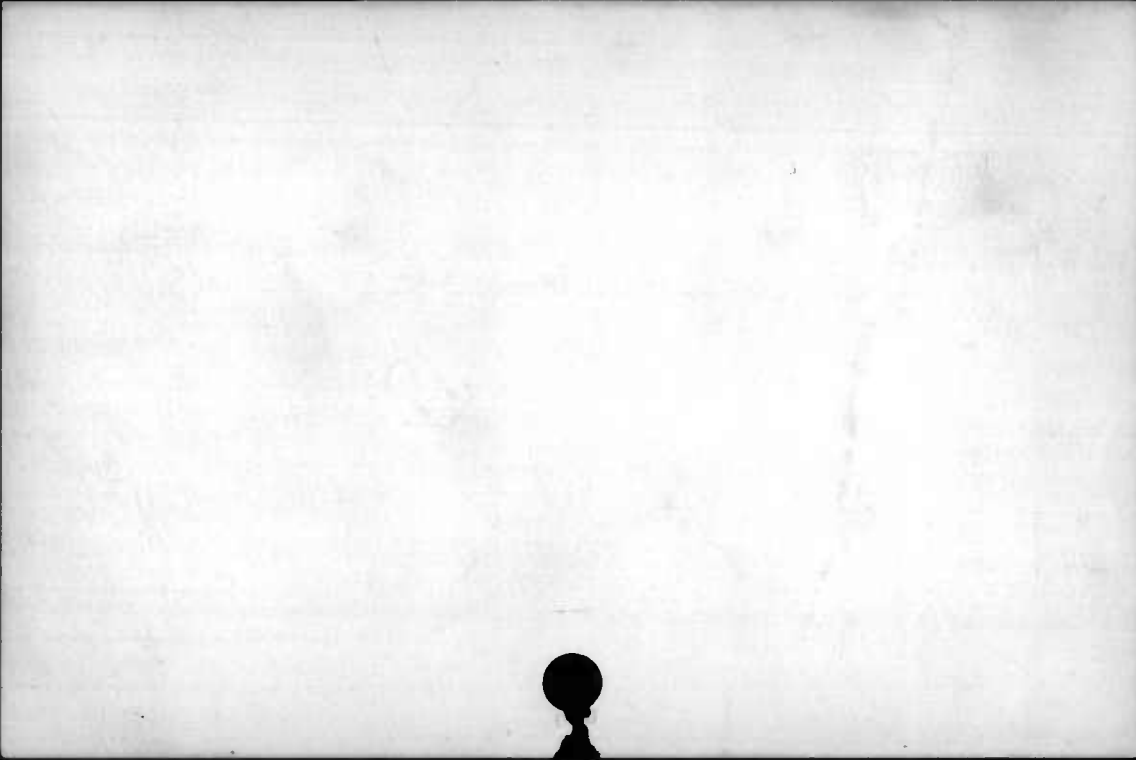
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Bright's Disease	How long	
Immediate	Uremia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Charles Roth
		Address	Edgewood
Accident or Suicide?			

PHYSICIAN
OR CORONER

Filed 3-5-05



Name in Full

Certificate of Death

Hannah (m.p.)

Town

County

Died at

in Harford

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

mch. 28

Age

1

Harford Co

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband
of

Wife

Father's
Name

Robt Hannah

Mother's

Maiden Name

Cause of

Primary

fall

V66

How long sick

one week

Death

Immediate

not

Accident, Suicide, Homicide

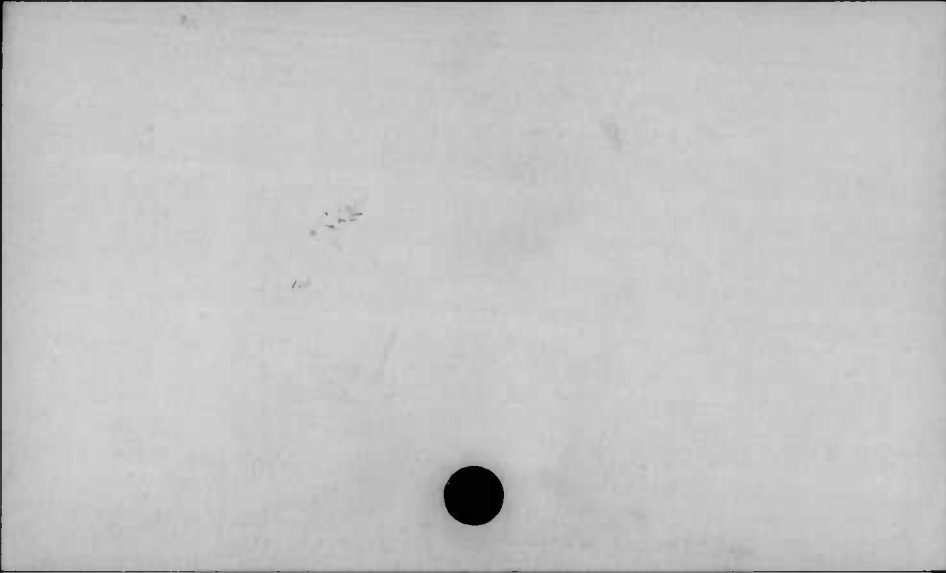
Reported by

Dr Wallie Hawkins

Address

Law, Grove York Co Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Town *Havre de Grace*County *Harford*Date
of death *1901*Month *3*Day *2*Age *43*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*New York*

Occupation

*Stone Mason*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Nathan Harris*Father's
Birthplace*N.Y.*Mother's
Maiden NameMother's
Birthplace*N.Y.*Name of person giving
Information*Nathan Harris*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Pneumonia

How long

1 wk

Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

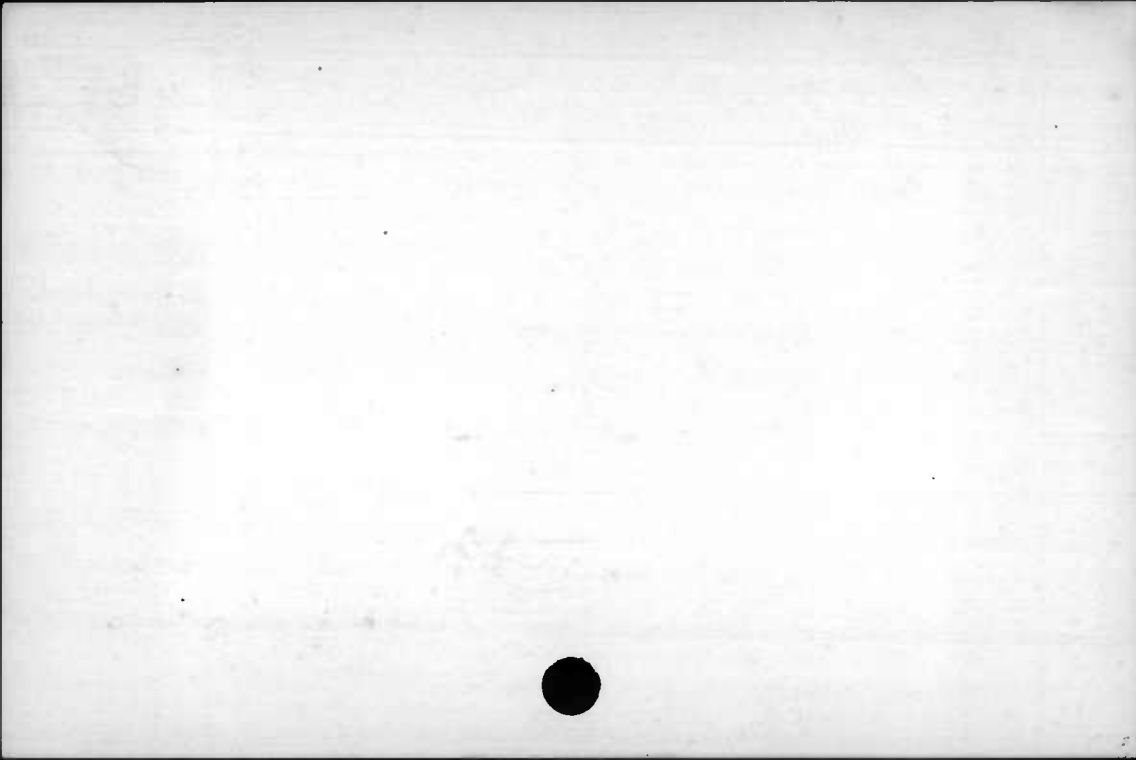
Address

*Dr. Woodward
Havre de Grace, Md.*

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Carsins</i> Town		<i>Harford</i> County		MARYLAND
	Date of death <i>1905</i>	Month <i>Mar.</i>	Day <i>20</i>	Age <i>49</i>	Months _____ Days _____
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co.</i>	
	Occupation <i>Farmer</i>		Where Residing if not at place of death _____		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____			
	Father's Name <i>Fredrick Hess</i>	Father's Birthplace <i>Germany</i>			
	Mother's Maiden Name <i>Eva Cathrine Bull</i>	Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Eva Cathrine Bull</i>		How related to deceased <i>Step Mother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>	How long <i>9 days</i>			
	Immediate <i>Exhaustion</i>	How long <i>8 hours</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. H. Kiehl</i>			
		Address <i>Abideen, Md.</i>			
	Accident or Suicide?				



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Emmerton</i>		County <i>Hartford</i>		MARYLAND	
Date of death 1905	Month <i>Mar</i>	Day <i>13</i>	Age <i>34</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Sarah E.</i>							
Father's Name <i>Jacob James</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Sarah Gilbert</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Mollie James</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cystitis</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>over a week</i>
Are the name, age, sex, color, date and place correctly given above? <i>y e s</i>	Signature of Physician <i>Carl Hollingsworth</i>
	Address <i>Bel Air</i>
Accident or Suicide? <i>no</i>	

Smith Chapel

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chambers</i>		Town <i>Chambers</i>		County <i>Hartford</i>		MARYLAND	
Date of death	190 <i>8</i>	Month	3	Day	23	Age	Years <i>7</i> Months <i>21</i> Days
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>md.</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name or Wife or Husband				
Father's Name			<i>Bert Jones</i>			Father's Birthplace	
Mother's Maiden Name			<i>Violet Jones</i>			Mother's Birthplace	
Name of person giving information			<i>Bert Jones</i>			How related to deceased	
			<i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Epidemic</i>	How long	<i>5 Days</i>
Immediate	<i>Yes</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>P. Warren Pansy</i>	
		Address	
		<i>Della York</i>	
Accident or Suicide?			

Slate Ridge

Mar. 26/03

Name
in
Full

CERTIFICATE OF DEATH

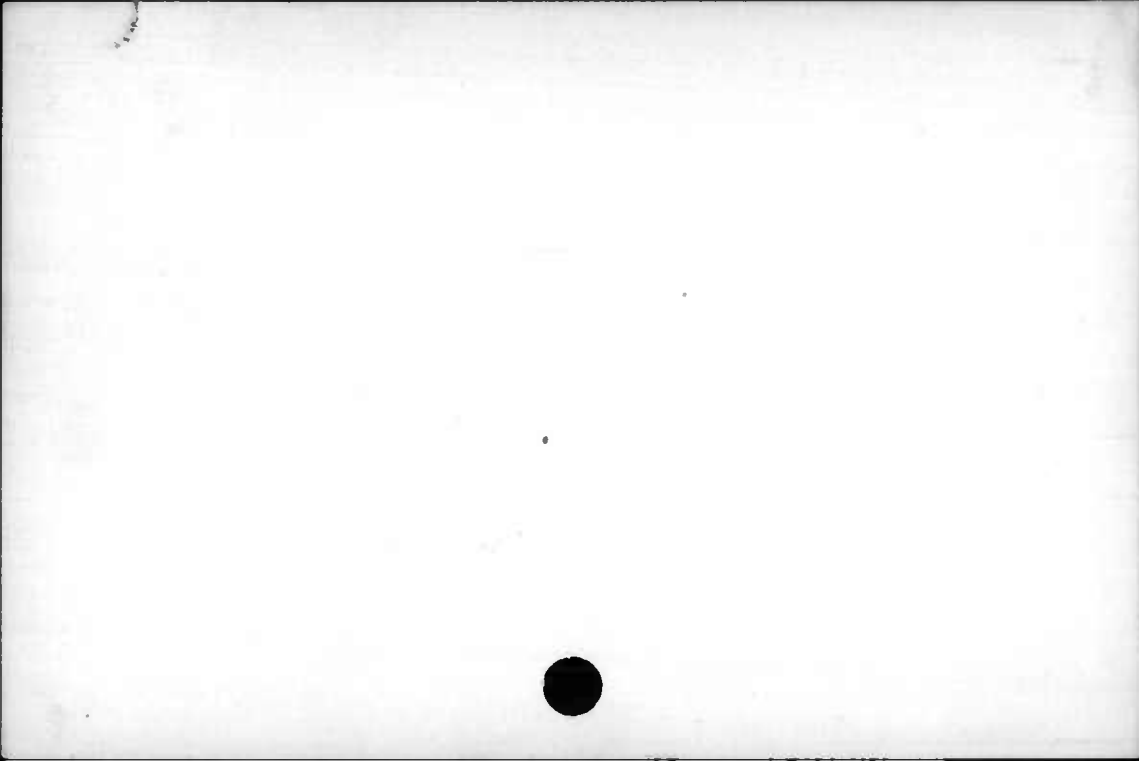
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rachel Ann Jones -</i>		Town <i>Federal Hill</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Federal Hill</i>		Month <i>February</i>		Day <i>19</i>		Years <i>51</i>	
Date of death <i>1905</i>		Month <i>March</i>		Day <i>19</i>		Years <i>51</i>	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Harford Co</i>		Months —	
Occupation <i>Housewife</i>		Where Residing if not at place of death		Months —		Days —	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Jones</i>		Father's Birthplace —		Mother's Birthplace —	
Father's Name <i>John Smith</i>		Mother's Maiden Name —		How related to deceased <i>Brother</i>		—	
Name of person giving Information <i>Brother John Smith</i>		How related to deceased <i>Brother</i>		—		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exposure -</i>		How long —	
Immediate <i>Double pneumonia</i>		How long <i>Eight days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Oscar H. H. H. H. H.</i>	
Accident or Suicide?		Address <i>Fairettsville Md.</i>	



Name

in
Full

CERTIFICATE OF DEATH

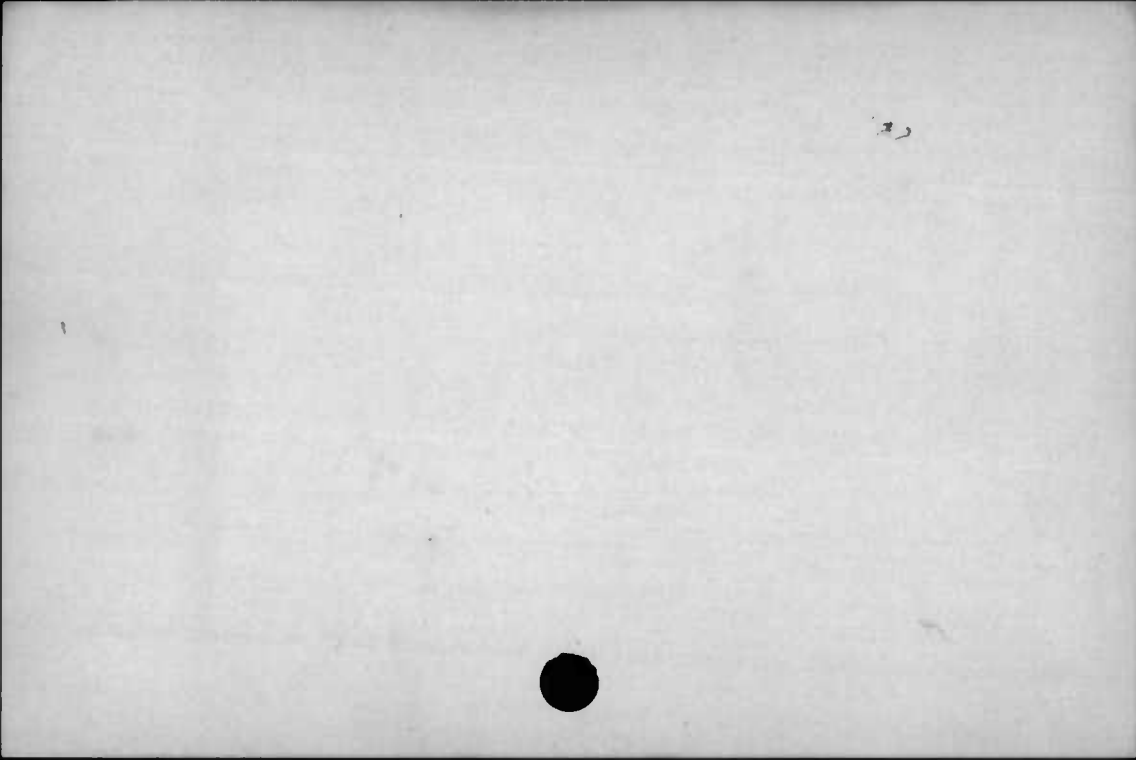
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poole</i> <small>Town</small>		<i>Stafford</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month <i>March</i>	Day <i>12</i>	Age <i>87</i> <small>Years</small>	Months <i>—</i> Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Parham L. Brown</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Margaret Brown</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Town Jones</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Ear</i>	How long <i>Long</i>
Immediate <i>Paralysis</i>	How long <i>Long</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F H Arthur Ind</i>
	Address <i>Stuart Ind</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

James M. Keithley

Town

County

MARYLAND

Died at

Carsins

Harford

Date

Month

Day

Years

Months

Days

of death

1905

Mar.

19

Age

72

11

Sex

Male

Color or
Race

White

Birth-
place

Harford Co.

Occupation

Wheelwright

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary C. Keithley

Father's
Name

Thos. Keithley

Father's
Birthplace

Harford Co.

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

James Keithley Jr.

How related
to deceased

Son

CAUSES OF DEATH

Primary

Consumption

How long

7 yrs.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

~~Physician~~
~~Signature~~

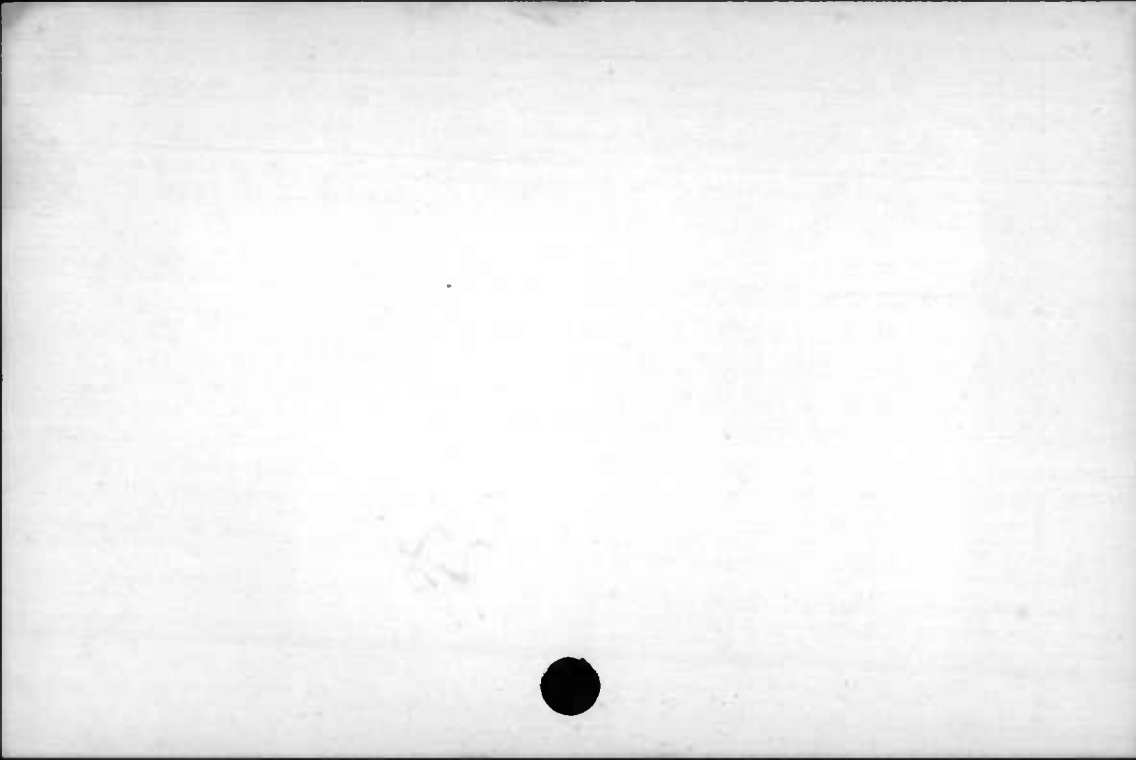
Address

Henry Tanning, Undertaker
Abbeville, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Harriet Kenly</i>		Town <i>Kalmar</i>		County <i>Stafford</i>		MARYLAND	
Died at		Month <i>Mar.</i>		Day <i>10</i>		Years <i>75</i>	
Date of death 190 <i>5</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>			
Married, Single or Widowed <i>widow</i>		Occupation					
Name of Wife or Husband <i>Lewis Kenly</i>							
Father's Name <i>Unknown</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Gover</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>John Johnson</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>		How long <i>10 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Hughes</i>	
		Address <i>Gibson, Ind.</i>	
Accident or Suicide?			

Black's Chapel

Mar 12-1905

Name
in
Full

CERTIFICATE OF DEATH

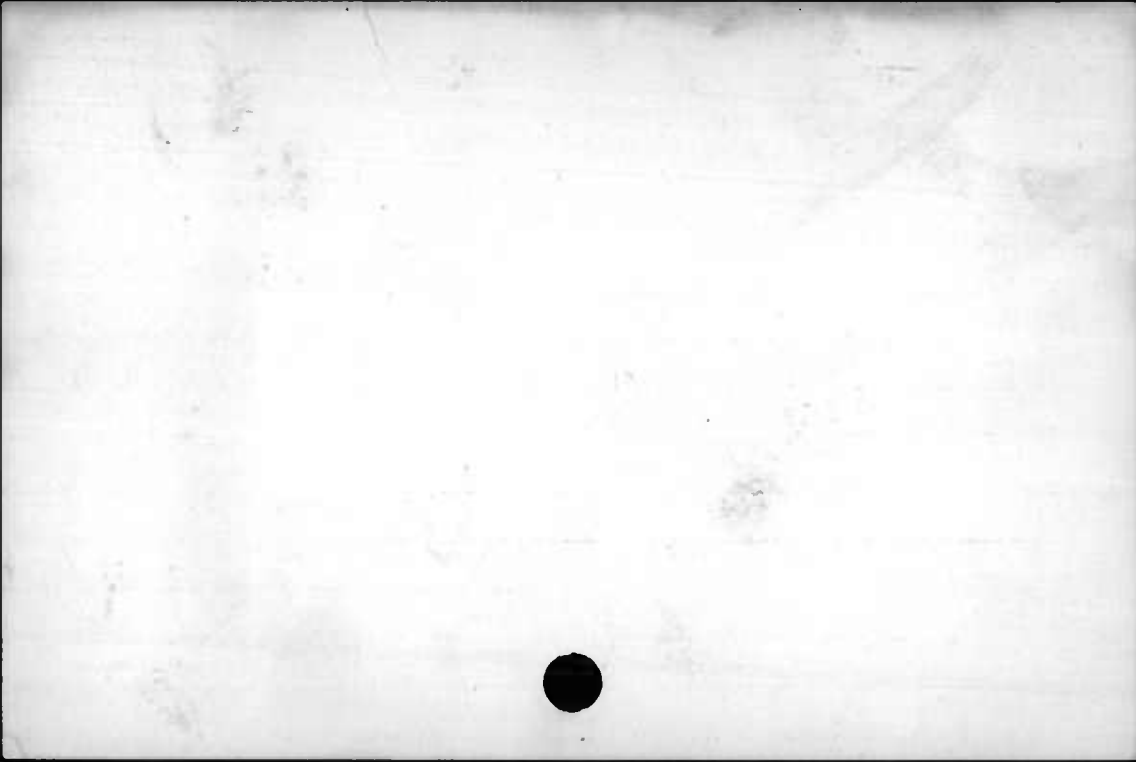
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Bell Kirkwood</i>		Town <i>Federal Hill</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Federal Hill</i>		Month <i>March</i>		Day <i>Tuesday</i>		Years <i>46</i>	
Date of death <i>1905</i>		Months <i>3</i>		Days <i>14</i>		Age <i>46</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co.</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Federal Hill</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edwin C. Kirkwood</i>					
Father's Name <i>Wakeman, H. B. Evard</i>		Father's Birthplace <i>Darlington Md</i>					
Mother's Maiden Name <i>Elizabeth M. Street</i>		Mother's Birthplace <i>Rock, Md.</i>					
Name of person giving information <i>Elizabeth M. Street</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>nine years</i>
Immediate <i>Heart failure</i>	How long <i>120</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. L. Jarrett</i>
	Address <i>Jarrettville</i>
	<i>md</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

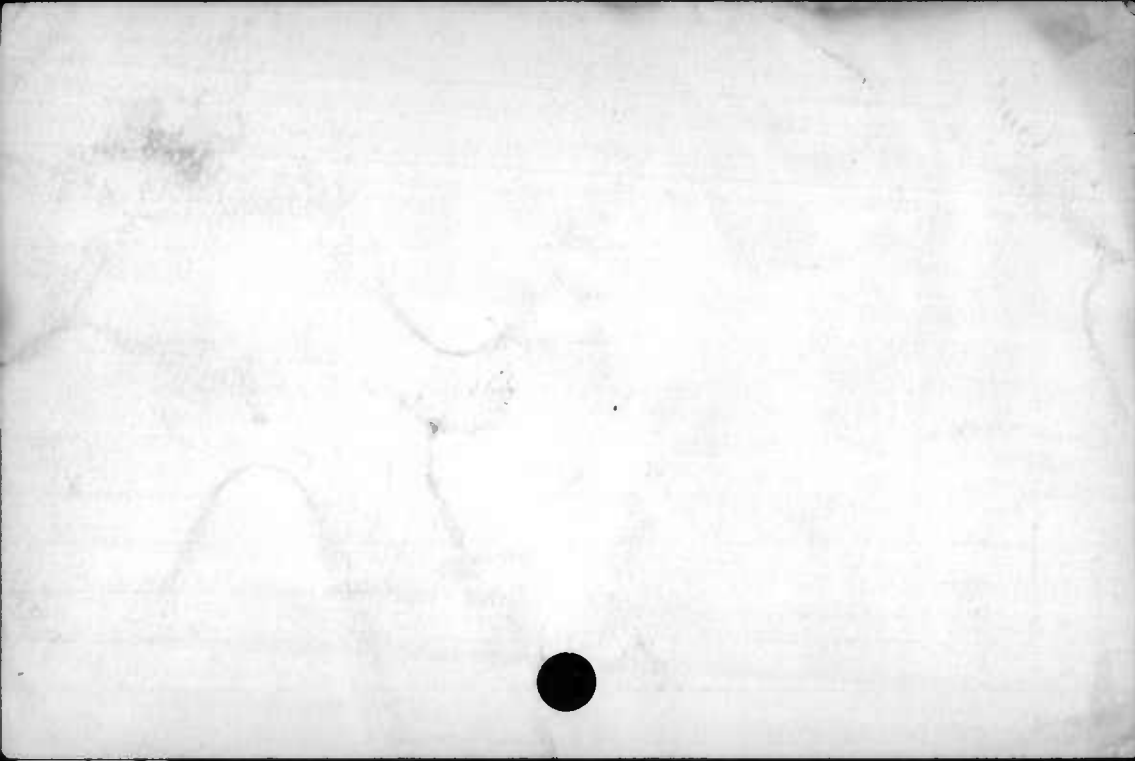
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Knofler</i>		Town <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>17</i>		Years <i>65</i>	
Date of death 190 <i>5</i>		Months <i>10</i>		Days <i>17</i>			
Sex <i>Female</i>		Color of Race <i>White</i>		Birth-place <i>Md</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>August Knofler</i>							
Father's Name <i>Goebert Bernger</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Augusta Melhorn</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Mrs. George Austine</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Probably growth on brain</i>		How long <i>174</i>	
Immediate <i>Epileptic Convulsions</i>		How long <i>about nine months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>William J. Archer</i>	
		Address <i>Bel Air Md</i>	
Accident or Suicide?			



Name in Full		3/10/11				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Emmerton</i>		Town <i>Emmerton</i>		County <i>Hartford</i>		MARYLAND
	Date of death 190 <i>5</i>	Month <i>March</i>	Day <i>10</i>	Age	Years	Months <i>15</i>	Days
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>			
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name <i>Alex Lora</i>		Father's Birthplace <i>Ind</i>				
	Mother's Maiden Name <i>Ella Swartz</i>		Mother's Birthplace <i>Ind</i>				
	Name of person giving information <i>Alex Lora</i>		<i>29</i>		How related to deceased <i>Father</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>no physician</i>		
					Address		
	Accident or Suicide? <i>Swindler</i>						

Mt. Carmel

Nov. 12,

Name
in
Full

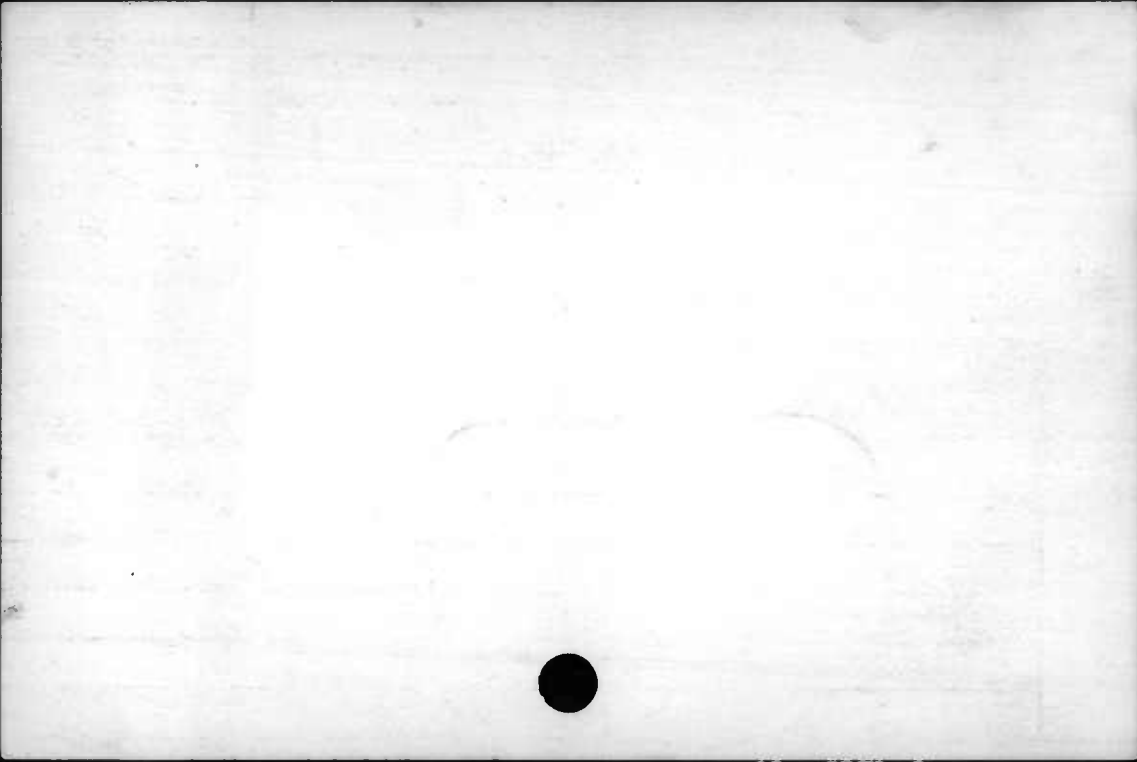
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Josephine K. McBall</i>		Town <i>Harrods Trace</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Harrods Trace</i>		Date of death 1905		Month 3		Day 9	
Sex <i>Female</i>		Color or Race <i>White</i>		Age 41		Years Months Days	
Occupation <i>Housewife</i>		Where Residing if not at place of death -		Birth-place <i>Bucit Co.</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. McBall</i>		Father's Name <i>Geo. Shirey</i>		Father's Birthplace <i>Harford Co.</i>	
Mother's Maiden Name <i>Margaret Townsend</i>				Mother's Birthplace "		"	
Name of person giving information <i>Geo. McBall</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>	How long <i>9 days</i>
	Immediate <i>Heart & blood vessel</i>	How long <i>2 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. W. Smith</i>
	Address <i>Harrods Trace</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Died at <i>Pylesville</i>		Town <i>Pylesville</i>		County <i>Harford</i>		MARYLAND	
Date of death 1905	Month <i>mar</i>	Day <i>29</i>	Age 19	Years	Months	Days 4	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Delta Pa</i>				
Married, Single or Widowed <i>married</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>John McCallister</i>							
Father's Name <i>Thomas J Reilly</i>		Father's Birthplace <i>Jersey City</i>					
Mother's Maiden Name <i>Mary E Conolly</i>		Mother's Birthplace <i>River South</i>					
Name of person giving information <i>Thomas J Reilly</i>		How related to deceased <i>Father</i>					

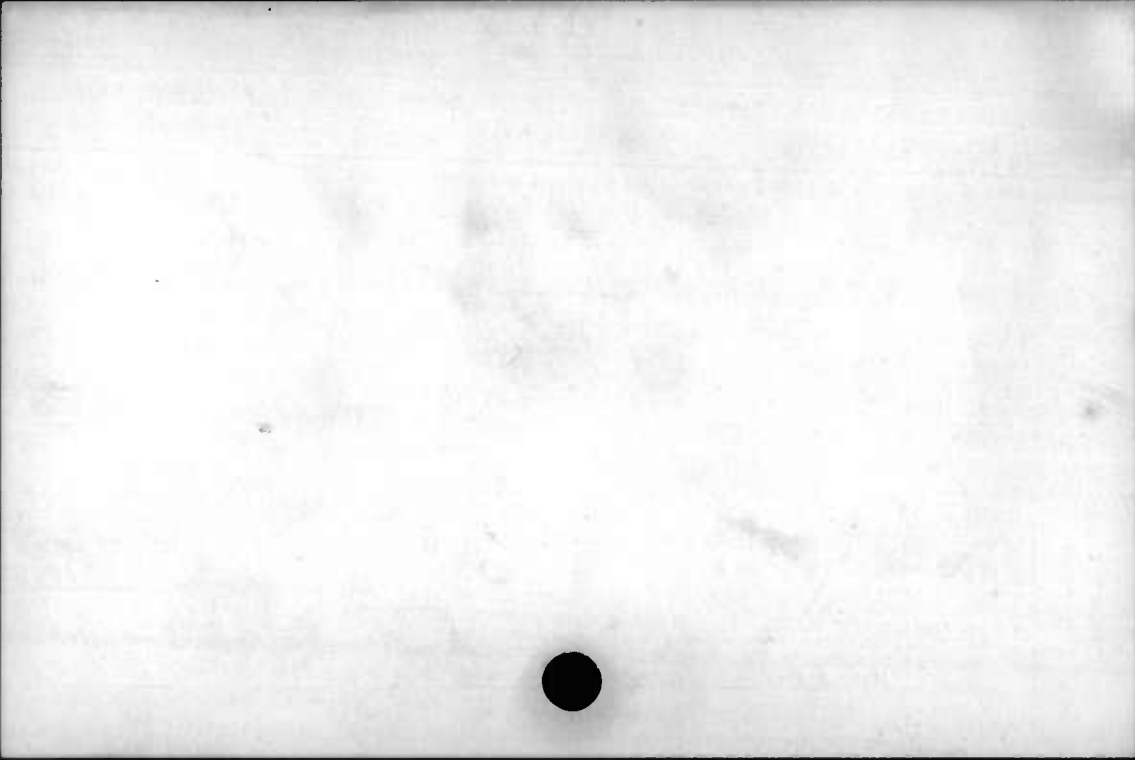
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Peritonitis</i>	How long <i>1 week</i>
Immediate	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. H. G. Amours</i>
<i>yes</i>	Address <i>Street</i>
Accident or Suicide?	<i>Ind.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name John McDoon —————

Died at Dublin ^{Town} Harford ^{County}

MARYLAND

Date of death 1904 ^{Month} March ^{Day} 7 ^{Years} 67 ^{Months} — ^{Days} —

Sex Male Color or Race White Birth-place —

Occupation Farmer Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or ~~Husband~~ Laura McDoon

Father's Name — Father's Birthplace —

Mother's Maiden Name Mrs. Thomas Mother's Birthplace MD

Name of person giving information J. H. Garrison How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis ^{How long} Three years

Immediate — ^{How long} —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician F. H. Arthur M.D.

Address Street MD

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Hill</i>		Town <i>Forest Hill</i>		County <i>Haywood</i>		MARYLAND	
Date of death 1905	Month 3	Day 8	Age	Years	Months 5	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Forest Hill</i>				
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>H. M. Mumper</i>				Father's Birthplace <i>Haywood</i>			
Mother's Maiden Name <i>Katie Lee</i>				Mother's Birthplace " "			
Name of person giving information <i>H. M. Mumper</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Congenital Atelectasis</i>	How long	<i>From birth</i>
Immediate	<i>Convulsions</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. P. Smithson</i>	
		Address <i>Forest Hill, Ind</i>	
Accident or Suicide?			



Name
in
Full

Sylvester Morgan Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

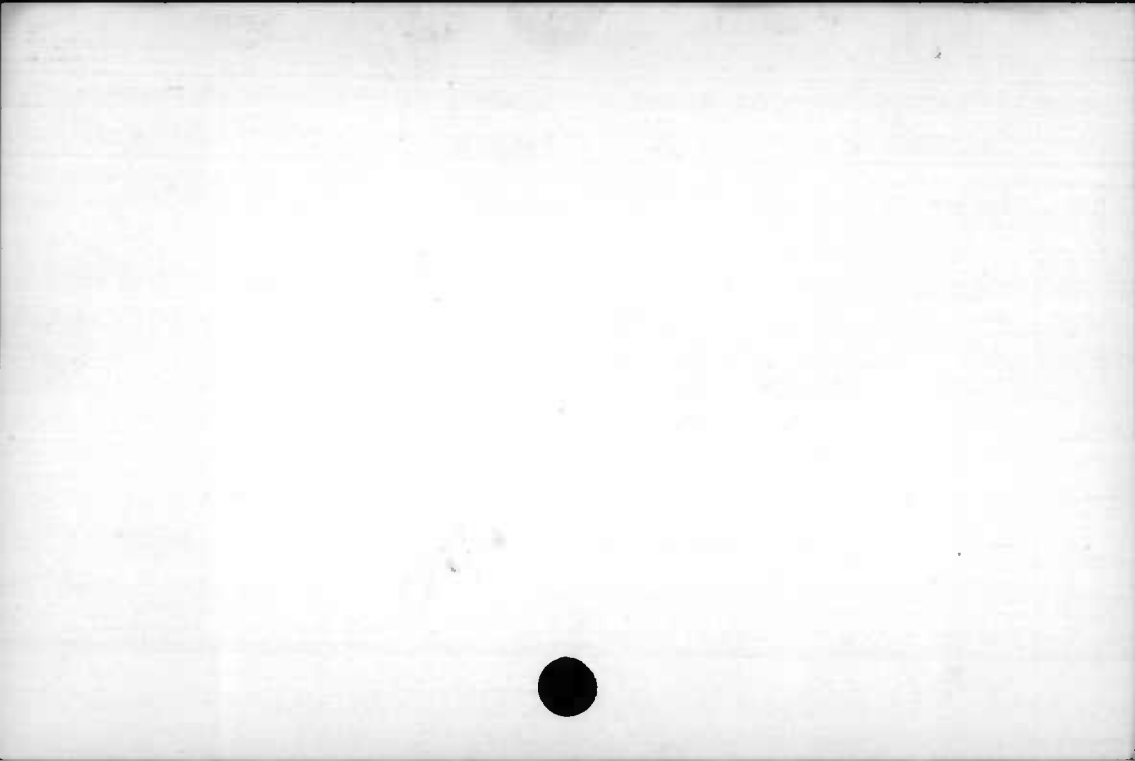
Died <i>near Aberdeen</i>		Town <i>Starface</i>		County <i>Starface</i>		MARYLAND	
Date of death	1905	Month	Mar.	Day	8	Age	Years <i>—</i> Months <i>5</i> Days <i>13</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Starface Co</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Jacob Moore</i>					Father's Birthplace	<i>Starface Co</i>
Mother's Maiden Name	<i>Josephine Gilbert</i>					Mother's Birthplace	<i>Starface Co</i>
Name of person giving information	<i>Jacob Moore</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

A.R. Feltke undertaker

PHYSICIAN
OR CORONER

Primary	<i>Cold</i>	How long	<i>190</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>No physician in attendance</i>	
		Address <i>—</i>	
Accident or Suicide?			



Name
in
Full

Leila Mummikhayser

CERTIFICATE OF DEATH

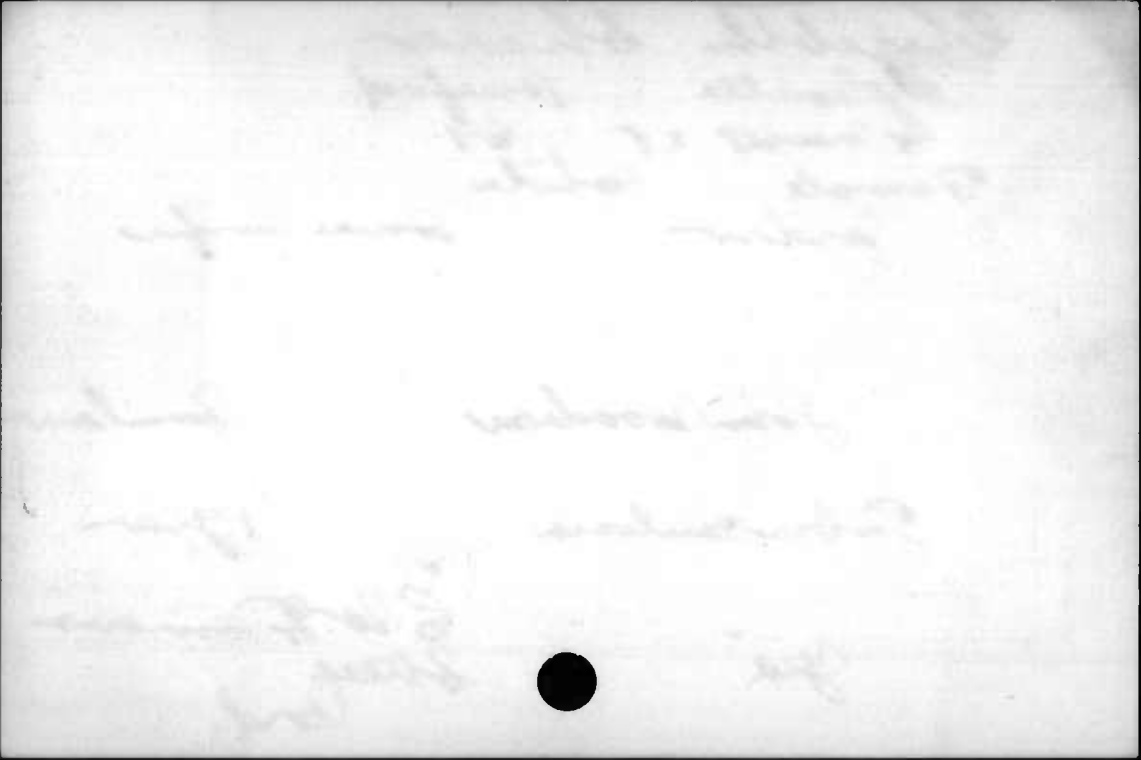
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wakfield</i> ^{Town} <i>Bel air</i> ^{County} <i>Harford</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>March</i>	Day <i>4</i> ^{etc}	Age <i>45</i> ^{years}
Sex <i>female</i>		Color or Race <i>white</i>	Birth-place <i>Bel air</i>
Married, Single or Widowed <i>Single</i>		Occupation _____	
Name of Wife or Husband _____			
Father's Name <i>Wm. J. Mummikhayser</i>		Father's Birthplace <i>Baltimore</i>	
Mother's Maiden Name <i>Elizabeth L. Bryarly</i>		Mother's Birthplace <i>Virginia</i>	
Name of person giving information <i>Mary H. Mummikhayser</i>		How related to deceased <i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>calcular disease of heart</i>	How long <i>several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William J. Archer</i>
	Address <i>Bel Air</i>
	<i>Md-</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Harpard</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>Nov</i>	Day <i>15</i>	Age <i>52</i>	Years <i>52</i> Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i></i>	Where Residing if not at place of death <i>Maryland</i>				
Married, Single or Widowed	Name of Wife or Husband <i>John Cummins</i>				
Father's Name <i>James M. Jarvis</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Elizabeth A. Stays</i>	Mother's Birthplace <i>Id</i>				
Name of person giving information <i>Burgin Jarvis</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>90</i>
Immediate <i>Probably Heart Clot</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William S. Archer</i>
	Address <i>Bel Air Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

Elizabeth Sharon

CERTIFICATE OF DEATH

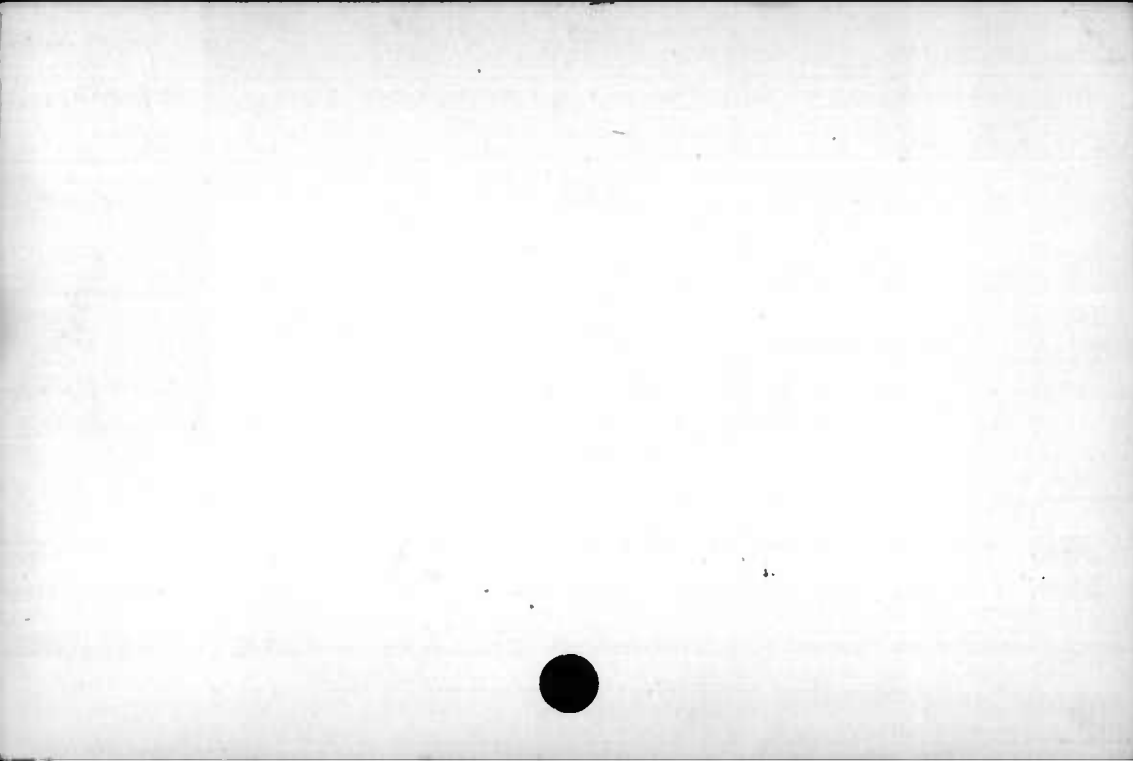
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1905		March		28		Age 61	
Sex		Color or Race		Birth-place			
Female		White					
Married, Single or Widowed		Occupation					
Widow		House wife					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
John Woodman				Son-in-law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Tuberculosis		1 year	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. L. G. Amour	
		Address	
		Street	
		Ind.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

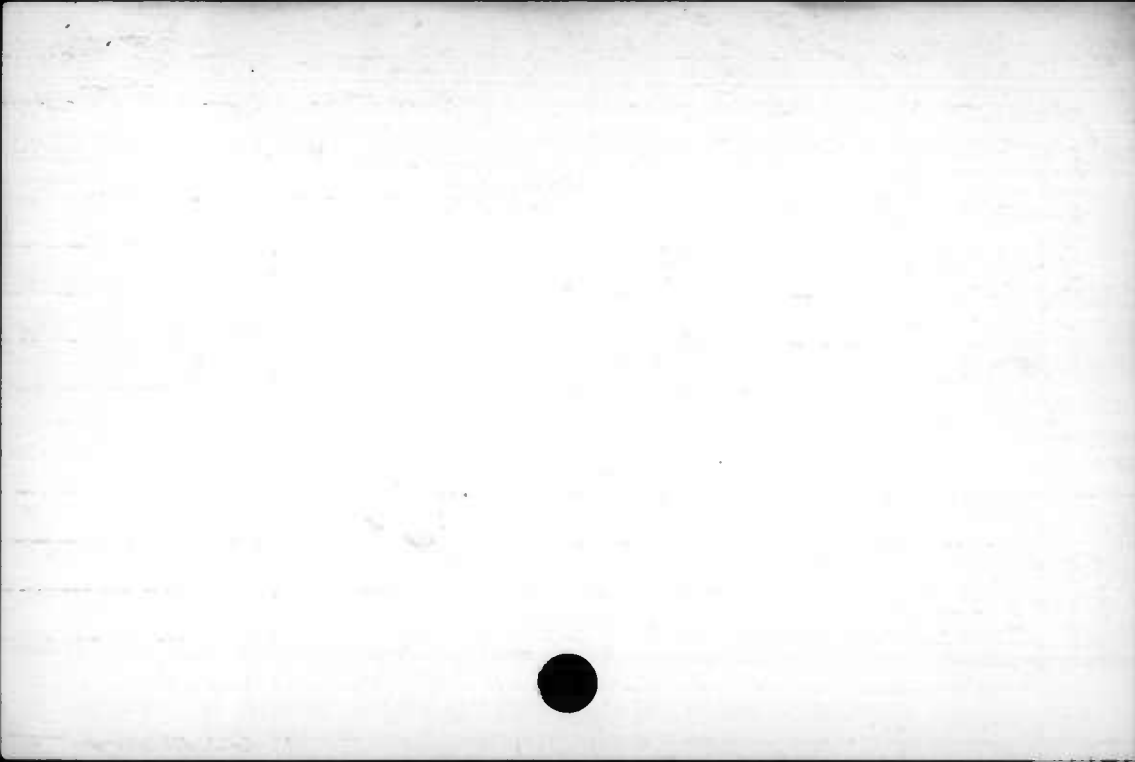
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Date of death		Month	Day	Years	Months	Days	
1905		March	14		2	24	
Sex	Female		Color or Race	African		Birthplace	Harford Co. Md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Thomas L Shaw				Father's Birthplace	
Mother's Maiden Name		Laura Bell Washington				Mother's Birthplace	
Name of person giving information		Joseph Cordrey				How related to deceased	
						Not any	

CAUSES OF DEATH

Primary	Capillary Bronchitis	How long	Four days
Immediate	Suffocation	How long	90
Are the name, age, sex, place, date and place correctly given above?		yes	
Signature of Physician		L. Nelson Dunnick	
Address		Stewartstown Pa.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Richard G. Smith</i>		Town <i>Castletown</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Castletown</i>		Date of death <i>1905</i>		Month <i>March</i>		Day <i>8</i>	
Age <i>64</i>		Years <i>8</i>		Months <i>5</i>		Days <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>England</i>			
Occupation <i>Pottery & Brick maker</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or husband <i>Cassandra Bird</i>					
Father's Name <i>Thackeray Smith</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Sarah Strangway</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>Wm Smith</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cystitis</i>	How long <i>16/3</i>	How long <i>One year</i>
Immediate <i>Septic absorption</i>	How long <i>two weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. T. Kirk M.D.</i>
		Address <i>Darlington Md.</i>
Accident or Suicide?		

THE UNIVERSITY OF CHICAGO

LIBRARY



Name
in
Full

Samuel M. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sarlington</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>3</i>	Day <i>13</i>	Age <i>28</i>	Months <i>6</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>Blk</i>		Birth-place <i>Sarlington</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>Stater</i>		
Name of Wife or Husband <i>Lillie B. Smith</i>					
Father's Name <i>Mary Smith</i>			Father's Birthplace <i>Harford Co.</i>		
Mother's Maiden Name <i>Mary Sprig</i>			Mother's Birthplace <i>Harford Co.</i>		
Name of person giving information <i>Stuart Smith</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dilatation of Heart</i>	How long <i>6 or 8 mos.</i>
Immediate <i>Paralysis of heart from Epinephrine</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. M. Ragau</i>
	Address <i>Conowingo Md.</i>
Accident or Suicide?	



Name
in
Full

Thomas A. Smith

CERTIFICATE OF DEATH

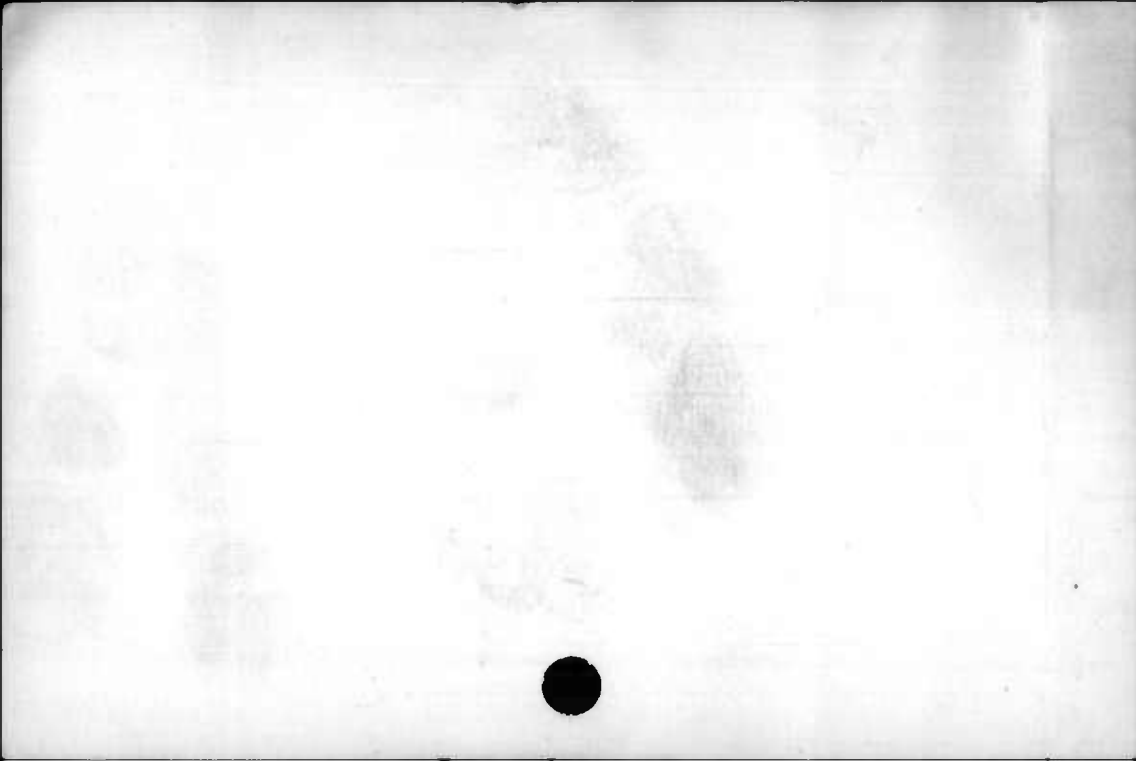
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baldwin</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	<u>1905</u> Month <u>3</u> Day <u>10</u>	Age	<u>8</u> Months	Days	
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Md.</u>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<u>Thomas Smith</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Georganna Gordon</u>			Mother's Birthplace	<u>Md</u>
Name of person giving Information	<u>Mother</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Convulsions</u>	How long	<u>few days</u>
Immediate	<u>Convulsions</u>	How long	<u>few days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. G. Walker Undertaker</u>
		Address	<u>Pleasantville Md.</u>
Accident or Suicide?			



Name
in
Full

Benjamin Standford

CERTIFICATE OF DEATH

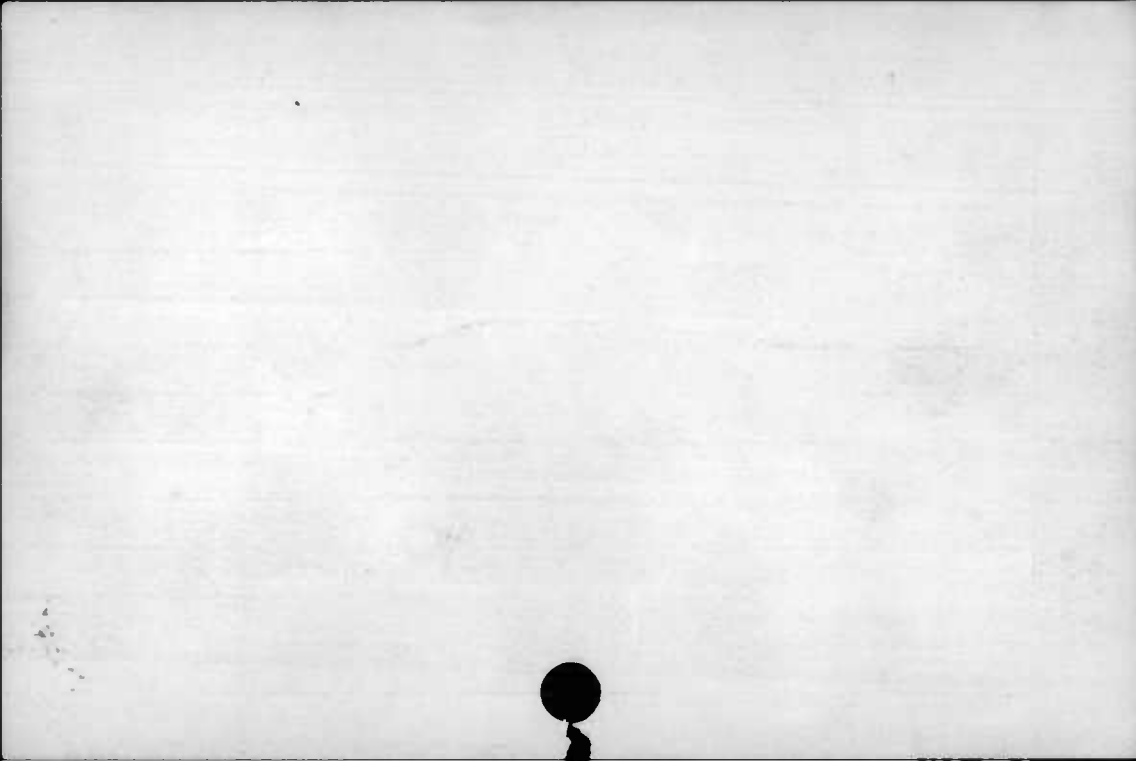
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Medillia</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 190	<i>5</i> ^{Month}	<i>23</i> ^{Day}	Age <i>28</i> ^{Years}	<i>3</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Gratuarian</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Strigility</i>	How long <i>2 yrs</i>
Immediate <i>et haemorrhage</i>	How long <i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. Hollingsworth</i>
	Address <i>Bel Air Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

George Walls

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Abbeville* Town

Harford County

Date of death *1905*

Month *Mar.*

Day *29*

Age *86* Years

Months *11*

Days *21*

Sex *Male*

Color or Race *White*

Birth-place *Siddonsville Md*

Occupation *Farmer*

Where Residing if not at place of death

Married, Single or Widowed *Widowed*

Name of Wife *Martha A. Nicholson*

Father's Name *Warren Walls*

Father's Birthplace *Siddonsville Md*

Mother's Maiden Name

Mother's Birthplace *Md*

Name of person giving information *Chas. W. Walls*

How related to deceased *Son*

CAUSES OF DEATH

Primary *La Grippe*

How long *one week*

Immediate *Exhaustion*

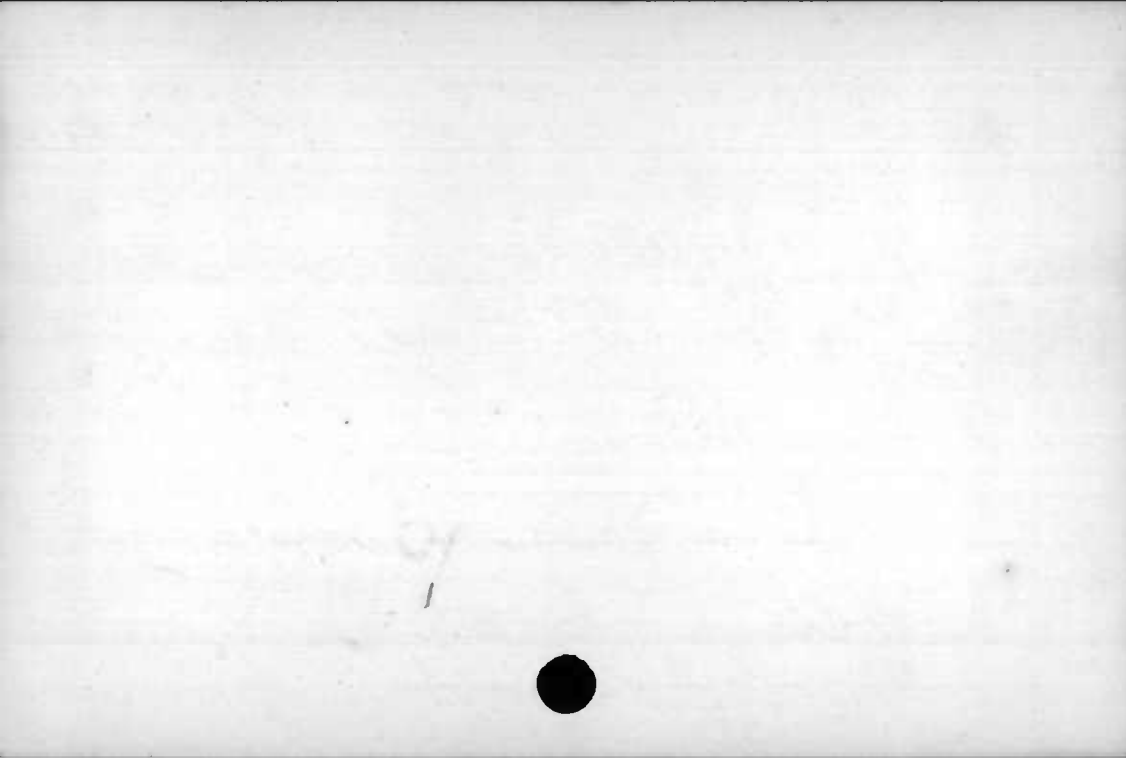
How long *one day*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *Chas. H. Krite*

Address *Abbeville Md.*

Accident or Suicide?



Name in Full

Certificate of Death

Mary J. Hatters

Town

Deer Creek

County

Harford

MARYLAND

Died at

Date 1905

Month

3

Day

21

Age 59.

Y.

M.

D.

Native of

Md

Occupation

Laborer

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

six -

Husband

of

Edward Hatters

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cancer of uterus

Death

Immediate

How long sick

42 about 2 yrs -

~~Accident, Suicide, Homicide~~

Reported by

W. J. Gonsach, M.D.

Address

Churchville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Berkley</i>		County <i>Harford Co.</i>		MARYLAND	
Date of death 190		5 ¹	Month <i>3</i>	Day <i>21</i>	Age	26	Years <i>7</i> Months <i>24</i> Days
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Harford Co.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>House work</i>					
Name of Wife or Husband							
Father's Name <i>Alford Webster</i>				Father's Birthplace <i>Harford Co.</i>			
Mother's Maiden Name <i>Elmina James</i>				Mother's Birthplace <i>" "</i>			
Name of person giving In formation <i>John Webster</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 months</i>
Immediate <i>Hemorrhage Pul.</i>	How long <i>Instantant.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. M. Ragan</i>
	Address <i>Conowingo Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Bell Air</i> ^{Town}		<i>Hagerford</i> ^{County}			
Date of death 1905	<i>Mich</i> ^{Month}	<i>3rd</i> ^{Day}	<i>31</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Va</i>		
Married, Single or Widowed			Occupation <i>House Wife</i>		
Name of Wife or Husband <i>John B Nysong</i>					
Father's Name <i>Benj N Gormier</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Rebecca Johnson</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>John B Nysong</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>3</i>
Immediate <i>Same</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Fellingworth</i>
	Address <i>Bell Air Md</i>
Accident or Suicide? <i>no</i>	

PHYSICIAN
OR CORONER

